

<i>SERFF Tracking Number:</i>	<i>PHYS-126196214</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42695</i>
<i>Company Tracking Number:</i>	<i>PMA3156</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Med Sup</i>		
<i>Project Name/Number:</i>	<i>PMA3156/PMA3156</i>		

## Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Med Sup

SERFF Tr Num: PHYS-126196214 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -  
Standard Plans

SERFF Status: Closed

State Tr Num: 42695

Sub-TOI: MS051.001 Plan A

Co Tr Num: PMA3156

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Sonya Dickey, Sara  
Magee-Garcia

Disposition Date: 07/15/2009

Date Submitted: 06/18/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PMA3156

Project Number: PMA3156

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in Nebraska  
on 6/18/2009.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/15/2009

Explanation for Other Group Market Type:

State Status Changed: 07/15/2009

Deemer Date:

Corresponding Filing Tracking Number:  
PMA3156

Filing Description:

RE: Medicare Supplement Advertisement

Invitation to Inquire: PMA3156

Attached are copies of the above referenced material for your review and approval. This material will be used in your

SERFF Tracking Number: PHYS-126196214 State: Arkansas  
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 Standard Plans  
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State to create an interest the following Medicare Supplement Policies/Rider:

POLICIES/RIDER MEDICARE PLAN APPROVAL DATE

L260AR A 7-14-03  
 L261AR B 7-14-03  
 L265AR F 7-14-03  
 L266AR G 7-14-03  
 L267AR High Deductible F 10-01-08  
 LR143 High Deductible Premium Discount Rider 9-29-08

If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting this material approved for use in your State is greatly appreciated.

## Company and Contact

### Filing Contact Information

Sara Magee-Garcia, sara.magee-garcia@physiciansmutual.com  
 2600 Dodge Street (800) 228-9100 [Phone]  
 Omaha, NE 68131 (402) 633-1096[FAX]

### Filing Company Information

Physicians Life Insurance Company CoCode: 72125 State of Domicile: Nebraska  
 2600 Dodge Street Group Code: 367 Company Type:  
 Omaha, NE 68131 Group Name: State ID Number:  
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0529583  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$40.00	06/18/2009	28672555

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	07/15/2009	07/15/2009

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## Disposition

Disposition Date: 07/15/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Form</b>	<b>PMA3156</b>	<b>Filed</b>	<b>Yes</b>

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TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Med Sup		
Project Name/Number:	PMA3156/PMA3156		

## Form Schedule

**Lead Form Number:** PMA3156

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	PMA3156	Advertising	PMA3156	Initial			PMA3156.pdf

Physicians Mutual Insurance Company®  
Physicians Life Insurance Company®  
*members of the Physicians Mutual® family*



Physicians  
Mutual®

2600 Dodge Street  
Omaha, NE 68131-2671  
www.PhysiciansMutual.com

April 20, 2009

[First and Last Name]

[Address 1]

[Address 2]

[City, State Zip Code]

Re: Hospital, Medical, Surgical Policy  
Policy Number: [Policy Number]  
[Name of Insured Affected]

Dear [First and Last Name]:

Physicians Mutual Insurance Company would like to thank you for making us your company of choice. We pride ourselves on putting our customers first.

Our records show that you turn 65 years of age on [date]. Since you will be eligible to enroll in Medicare at that time, your Hospital, Medical, Surgical policy coverage will end. If anyone else is covered by your policy, coverage will continue subject to the Renewal Agreement provision in the policy.

We want to make sure you understand the options available to you. Medicare provides excellent coverage, but was never intended to cover all of your health care costs. Many people like the added protection of a Medicare Supplement insurance product. Physicians Life Insurance Company, a member of the Physicians Mutual® family, offers many Medicare Supplement insurance choices for you to consider. [An/Your] agent can help you with these options and can help you decide how to best replace the Hospital, Medical, Surgical policy that is ending.

You have choices when selecting an insurance company and we appreciate you trusting Physicians Mutual to serve your insurance needs. If you have any questions about this letter or your Hospital, Medical, Surgical policy, please call your local division office at [division office phone number] to speak with an agent or you can contact us at [877-483-7105] and one of our customer service representatives will be happy to assist you.

Sincerely,

Kathy Anderson  
Assistant Vice President, Policyowner Services  
Physicians Mutual Insurance Company

Physicians Life Insurance Company is not connected with or endorsed by the U.S. Government or the Federal Medicare Program. For complete details including costs and limitations of this solicitation of insurance, please contact an agent. In CO: These policies are available for people under age 65. In MD/MO: These policies are available to individuals under age 65 eligible for Medicare due to a disability. Policy/Rider Form Numbers: L260/L261/L265/L266/L267; LR143 (ID: L260ID/L261ID/L265ID/L266ID; OK: L260OK/L261OK/ L265OK/L266OK/L267OK; OR: L260OR/L265OR/L266OR; TN: L260TN/L261TN/L265TN/L266TN/L267TN; LR143C). Policy/Rider availability varies by state.



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